

STATE OF IDAHO
DIVISION OF BUILDING SAFETY
BUILDING BUREAU
1090 E. Watertower
Meridian, ID 83642

HUD MANUFACTURED HOME CONSUMER COMPLAINT FORM

CONSUMER NAME: _____ HOME PHONE NUMBER: _____

ADDRESS : _____ WORK PHONE NUMBER: _____
(Street) (City) (State) (Zip Code)

E-Mail Address: _____

MANUFACTURED HOME IDENTIFICATION:

MANUFACTURER: _____ LOCATION: _____ DATE OF MANUF: _____

SERIAL NUMBER: _____ HUD LABEL NUMBER: _____ DATE PURCHASED: _____

DEALER: _____ PHONE NUMBER: _____

DEALER ADDRESS: _____
(Street) (City) (State) (Zip Code)

INSTALLER COMPANY: _____ PHONE NUMBER: _____

INSTALLER ADDRESS: _____
(Street) (City) (State) (Zip Code)

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CONSUMER INFORMATION

NATURE OF COMPLAINT: LIST ONLY THOSE CONCERNS WHICH ARE CLASSIFIED AS MANUFACTURING DEFECTS.
(Cosmetic items, problems caused by set-up on site, and warranty items need to be excluded)

ATTACH ADDITIONAL LIST IF NECESSARY.

SIGNATURE

DATE